

MEDICATION & FIBROMYALGIA SELF-MANAGEMENT

Based on respected sources*, this handout is meant to be a helpful educational guide to the common medications prescribed for managing Fibromyalgia.

Please always discuss concerns about your medications with your prescriber and make any changes under their supervision.

I have purposefully avoided listing brand names in this document and refer to drug classes only.

It is widely recognised that using medications to treat Fibromyalgia has only had modest success thus far. The medications commonly used have, at best, modest effect on pain and other symptoms and some are problematic in other ways (e.g. being used off-label without valid treatment protocols). It seems only a minority of people living with Fibromyalgia continue to take medications for longer periods of time.

Current treatment guidelines about Fibromyalgia recommend care from a multidisciplinary team using multiple modes of treatment, and synergistically combining authorised medications (if any) with non-medication approaches in a way that is tailored to each person.

The key non-medication approaches in Fibromyalgia management being:

- Education about pain and Fibromyalgia
- Graded physical activity and movement therapies
- Sleep hygiene
- Cognitive Behavioural Therapy (CBT) & Acceptance and Commitment Therapy (ACT)
- Pacing
- Mindfulness and Mindfulness-based interventions (e.g. meditation)
- Other stress management approaches (e.g. relaxation techniques, sensory regulation, mind-body practices)

These non-medication approaches remain the first-line approach to Fibromyalgia.

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Classes of drugs that may help but won't work for everyone.

These 3 have high level evidence supporting their *modest* effect:

- Tricyclic antidepressants – at low doses may help with pain, sleep disturbances, fatigue, mood symptoms.
- Serotonin Noradrenaline Reuptake Inhibitors (SNRIs) – have modest effect on reducing pain but there are warnings of side-effects like suicidality, increased heart rate and high blood pressure with some.
- Anti-epileptics/anticonvulsants – Gabapentinoids – in divided doses over the day. Modest effect on pain (depending on dosage) but a third of people experience loss of effect after 6 months and there are some side-effects.

Could help during flare-ups but use the lowest doses and for the shortest periods of time.

- Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and Acetaminophin—these are usually available over the counter. Not effective for the nociplastic/"background" pain of Fibro but may help with flare-ups or pain after exercise.
- Muscle relaxants

Newer approaches that may be helpful but need more work first, since no valid treatment protocols or guidelines are available yet.

- Ketamine infusions: dose-responsive, limited relief, and for short-term only.
- Cannabinoids: Some promising evidence but there are limitations with their use (particularly the form to use), dosing, and potential adverse effects of long-term use. Not approved for prescription in SA.
- Naltrexone: At very low doses it can have effects on pain and inflammation. Currently not well known and limited to US prescribers.

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Drugs that should **not** be taken for Fibromyalgia.

- Opioids have very weak effect on the nociplastic pain of Fibromyalgia and important risks – not just of addiction, but of increasing pain and other symptoms. The only exception to this may be weak opioid agonists but there are increasing reports of risks with these too (especially increase of insomnia and other symptoms), as well as warnings on drug dependence. Prescription of these should be guarded and guided only.
- Corticosteroids have harmful long-term side effects, even if they may seem to have positive short-term effects. If you also have an arthritic condition, anti-inflammatories may be helpful but not for managing Fibromyalgia alone.

Sourced from:

Clauw, D. J. (2014). Fibromyalgia: a clinical review. *Jama*, 311(15), 1547–1555.

Perrot, Serge. Fibromyalgia: do I tackle you with pharmacological treatments?. *PAIN Reports* 10(1):p e1222, February 2025.